



Department of Children's Services Suspension/Expulsion Documentation

Student Name:	Date incident was reported:
School System/School:	
Case Manager:	<input type="checkbox"/> Suspension (10 or more days)
Education Specialist:	<input type="checkbox"/> Expulsion Zero Tolerance
Name of LEA contact:	<input type="checkbox"/> Petition Filed

Alleged Offense (include documentation from school):

Review of student records

- | | |
|---|--|
| <input type="checkbox"/> Student eligible for IDEA Services | <input type="checkbox"/> Student referred for IDEA/Section 504 |
| <input type="checkbox"/> Student eligible for 504 services | <input type="checkbox"/> Student not eligible for services under IDEA or Section 504 |

For Students Receiving (or Referred for) Services under IDEA or Section 504

Was a manifestation hearing conducted? YES NO **Date:** _____

If no, was the school notified of the need for a manifestation hearing? YES NO

If no, was the school asked to postpone disciplinary action until the hearing could be held? YES NO

Comments:

If yes, what was the outcome of the hearing? (Describe in detail any educational changes proposed as a result.)

Was there a need for appeal? YES NO If yes, what actions have been taken?

Final Outcome:

Was the child removed from a foster home based on this action? YES NO

For Students Not Eligible for Services under IDEA or Section 504:

What action did the school take? (Describe in detail any educational changes proposed as a result of the hearing.)

Was there a need for appeal? YES NO If yes, what actions have been taken?

Final Outcome:

Was the child removed from a foster home based on this action? YES NO

Date this form was sent to DCS Education Division: _____

Date this form was forwarded to Home County Case Manager for Placement in the student's DCS Education Passport File: _____